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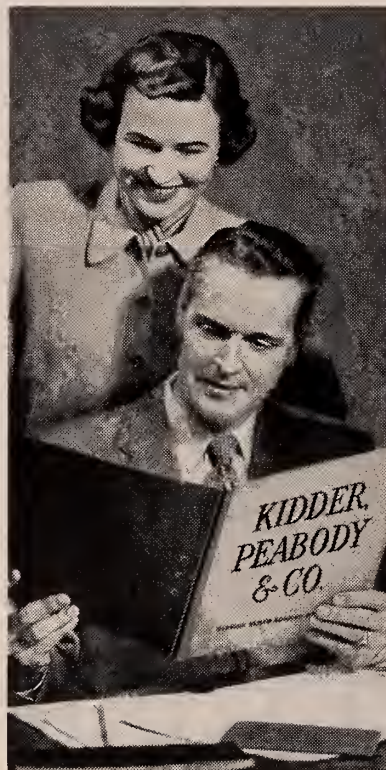
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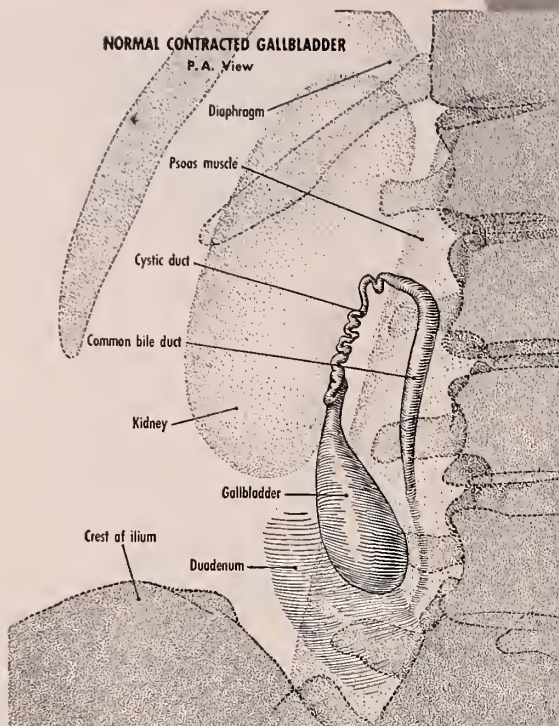
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# Of Eyes and Ears and Men

*Francis J. West, '35*

I would like to give a kaleidoscopic view of the history of the Massachusetts Eye and Ear Infirmary and a sketch of the three men whom I believe contributed most to the development of that institution.

Dr. Edward Reynolds was the man chiefly responsible for the founding of the Infirmary and one of a small group who guided it through its early precarious years. Although it is now the second oldest eye and ear hospital in America, it was fifth in time of origin, for three earlier ones had to close their doors because they did not have a diligent, dedicated, driving force at the helm such as we had in Dr. Reynolds. He had all the marks of a great leader. He stood 6' 4" tall, weighed 240 pounds, and his contemporaries tell us that his spiritual, intellectual and professional attributes matched his physical ones. He was born in Boston in 1793, graduated from Harvard College in 1811, and then spent four years as a private pupil studying medicine under John Collins Warren, who later was the first chief surgeon of the Massachusetts General Hospital and Professor of Surgery at Harvard Medical School. In 1815 Dr. Reynolds went to Europe to complete his medical studies, and there he spent three years studying at all types of clinics in preparation for his future career in the practice of medicine. He was particularly impressed by the lectures on eye diseases he attended at the



*David Lawlor*

*Dr. Edwin B. Dunphy, Chief of Ophthalmology at the Massachusetts Eye and Ear Infirmary, and Mr. Edward Reynolds, Administrative Vice President of Harvard University, regard the portrait of the latter's great-grandfather, Dr. Edward Reynolds, one of the founders of the Infirmary.*

London Eye Infirmary in 1816, and it was there that he developed his first great interest in ophthalmology.

On returning to Boston to practice in 1818, he found his father blind from bilateral cataracts, and he had the great happiness of restoring sight to his father by successfully operating on both cataracts. Although John Collins Warren and his father, John Warren, had performed many cataract operations in Boston before this, the dramatic appeal of the father-son operation spread rapidly through Boston, and soon large num-

bers of people afflicted with eye diseases began to consult young Dr. Reynolds at his office. Reynolds was impressed not only by the fact that the great majority of these patients came from the very poor sections of the city, but also that even after 1821, when the Massachusetts General Hospital opened and had designated one day a week for the treatment of eye diseases in their outpatient department, there was no slacking off in the number of these people consulting him. By 1824, the volume of these indigent eye patients had in-

creased to the point that Reynolds decided, in conjunction with Dr. John Jeffries, to open a free clinic for the treatment of diseases of the eye and ear in those who could not afford private care. Reynolds and Jeffries hired and outfitted a single room in a building located in that section of Boston now called Scollay Square. This building was owned by John Scollay, and when it was torn down in 1875, nothing was erected to replace it, and the area became known as Scollay's Square. It is interesting to note that another famous Boston institution, the Boston Athenaeum, was also first located in this same building.

The clinic, titled the Boston Eye Infirmary, was opened on October 1, 1824, and on Monday, Wednesday and Friday from twelve to one o'clock Drs. Reynolds and Jeffries treated gratuitously any poor person who applied there. The project was an immediate success, so that by December 22, 1825, in less than 15 months, 859 patients had been treated. This number has more significance when it is realized that the population of Boston was then in the neighborhood of 50,000. Having demonstrated to their own satisfaction the necessity and importance of an eye infirmary to the community, and being unable to bear the mounting expenses involved, Reynolds and Jeffries asked a group of their lay friends to meet with them on December 29, 1825, to consider the possibility of transforming their private undertaking into a public charity. In presenting their appeal to these philanthropic and civic-minded laymen, the two surgeons first of all stressed the prevalence of eye diseases among the poor, a situation which caused a great amount of serious suffering, but which from ignorance of its existence had not received the sympathy and aid its extent demanded. The scientific advantages were also emphasized, first, that observation of diseases of the eye throws light upon other diseases, secondly, that the medical profession had neglected the field of eye diseases, and this institution would

afford an opportunity to gather together and study all types of eye diseases, so that physicians and students could be taught how to diagnose and treat them successfully. The laymen were immediately impressed and unanimously agreed to undertake the task of promoting the Boston Eye Infirmary as a public charity. On March 26, 1826, the Infirmary was duly organized, and the first Board of Managers under the presidency of Mr. Edward Tuckerman was formed. To the faithful guidance of these men, who with great liberality of time and money cherished its interest, the Infirmary is indebted for its firm foundation and early and continued growth.

On February 23, 1827, the Infirmary was incorporated under the title of the Massachusetts Charitable Eye and Ear Infirmary. The seal and motto of the hospital were designed by a committee of Drs. Reynolds and Jeffries and Mr. Sargent. The motto is "caeci vident—surdi audiunt—Deo Juv."—"the blind see—the deaf hear—with the help of God"—(Matthew 11:5).

On May 6, 1827, the Infirmary was moved to more commodious quarters in a building at the corner of Court and Tremont Streets. In 1833, it again moved to the Salisbury Building on Summer Street. During these years the patients who needed surgery were operated on in nearby houses and were visited daily in these houses by the surgeons, a difficult and time-consuming task. Furthermore, the knowledge of the hospital soon spread far beyond the environs of Boston, and many patients from distant points, having no friends in the city and no money, applied for treatment at the Infirmary. These patients came at any hour of the day or night expecting to be immediately taken in and treated, and they were bitterly disappointed to learn that no such accommodations were available. These factors made it necessary not only to acquire a suitable building to house patients needing operations or daily treatment, but also to apply to the State Legislature for financial aid in caring for those pa-

tients who came from other parts of the State. The Legislature, after an investigating committee found the work of the Infirmary to be of the highest caliber, voted to donate \$15,000 toward the purchase of the Gore Mansion on Green Street. This was remodeled and opened as a hospital in July, 1837, with accommodations for 20 bed patients. Incidentally, the Legislature continued to contribute to the Infirmary yearly from that time until 1917, when the Anti-Aid Bill was passed prohibiting such donations.

With the opening of the hospital a course of lectures on diseases of the eyes, open to any interested student or physician, was established by the Board of Managers. During the following year in 1838, the students at the Tremont Medical School were given their courses in ophthalmology at the hospital from Dr. Reynolds. The Tremont Medical School was a private school that Reynolds and three other Boston physicians had founded in 1837. It was at first supplementary to Harvard Medical School, was later assimilated by Harvard, and served to develop a group of brilliant young teachers whose subsequent careers at Harvard were conspicuous, including Oliver Wendell Holmes, Henry Bigelow and Jeffries Wyman. When Dr. J. C. Warren went to Europe for a year in 1838, Dr. Reynolds taught the course of Surgery at Harvard Medical School for that year. In 1839, Dr. Reynolds was elected to the Board of Consulting Surgeons at the Massachusetts General Hospital.

The smooth growth of the Infirmary was disturbed in 1842 when Dr. Jeffries resigned from the hospital permanently, following a reorganization whereby Drs. Bethune and Hooper were promoted from assistant surgeons to full surgeons. These men had originally been appointed as assistants for a term of five years in 1837, but had become so interested in ophthalmology that they requested the Board of Managers to reappoint them when their terms expired. After a prolonged and "heated discussion," the Board voted to advance Drs.



Bethune and Hooper to rank equal with Drs. Reynolds and Jeffries. Fortunately for the Infirmary, Dr. Reynolds accepted this solution, and after Jeffries withdrew, Reynolds, Bethune and Hooper worked smoothly together so that the hospital continued to expand and prosper. In 1849, Dr. Reynolds at the age of 56 refused the Professorship of Surgery at the Harvard Medical School, advising that the post be given to Dr. Henry Bigelow, aged 31, whom Reynolds said was better trained and qualified than himself.

During the 1840's the quarters on Green Street were found to be inadequate, the number of patients increasing from 698 in 1836 to 2004 in 1849. Generously assisted by the State and also by many charitable private citizens, an entirely new building with a capacity of 39 beds was then constructed in 1850 on Charles Street at the site of the present nurses' home.

Dr. Reynolds continued as Surgeon at the Infirmary until 1858, when, after 34 years of active duty, he became a Consulting Surgeon. He was a member of the Board of Managers until 1871 when he retired at the age of 78, thus completing 47 years of unstinted service and devotion to the hospital.

In the 1890's the hospital building built in 1850 again proved to be inadequate to care for the increased number of patients, and, aided by the generous donation of \$100,000 from the State, the present building was completed and opened in March, 1899, with a capacity of 160 beds. This was increased to 210 beds in 1909. The Gardner building was also opened in 1899, and it was the first building to be devoted to the treatment of contagious diseases of the eye in America. It is interesting to note, however, that in 1840, three years before Oliver Wendell Holmes wrote his paper on the contagiousness of puerperal fever, the surgeons requested the Board of Managers to outfit a barn adjacent to the first hospital on Green Street to be used for the treatment of contagious diseases of the eye.

From the very beginning, the In-



*David Lawlor*

*Dr. Verhoeff*

firmary played a leading role in the development of ophthalmology in America. Special emphasis was placed on teaching, the first formal courses having been started in 1837 as detailed above. The first direct association with Harvard Medical School began in 1866, when clinical instruction was given to the Harvard students every Thursday morning. In 1891, Dr. Wadsworth became the first Williams Professor of Ophthalmology, and from that time it has been the custom for the chief of the ophthalmological service at the Infirmary to be the professor of ophthalmology at Harvard Medical School. In 1888, the otology service became associated with Harvard, and the chief of otolaryngology now has a similar arrangement. In addition to the teaching activities, any advance of true value in a rapidly expanding specialty was quickly recognized and immediately put to use to the advantage of the patients. However, up to 1900, despite the wealth of material at hand, no real attempt had been made to do any basic investigative work on the cause and treatment of eye disease.

In September, 1900, the managers and surgeons, in order to make the greatest possible scientific and educational use of the Institution, created the office of resident pathologist. Dr.

Councilman, Shattuck Professor of Pathological Anatomy at Harvard Medical School, wrote to Dr. Welch at Johns Hopkins asking him to recommend a man, and thus Dr. Frederick Herman Verhoeff came to the Infirmary.

Dr. Verhoeff was born in Louisville, Kentucky, on July 9, 1874, graduated from Yale in 1895, and received his M.D. at Johns Hopkins in 1899. By the majority of the staff his entrance into the Massachusetts Eye and Ear Infirmary was looked upon as little less than an unwelcome intrusion. His youth, his undisguised determination to change old customs, his independence and aggressiveness, were all out of harmony with long established formalities.

A pioneer in his field, he plunged into his manifold duties: he did the bacteriology and pathology including autopsies for both the Eye and Ear services—he made all his own microscopic sections and culture media—he sharpened knives and even did the urines. All this “routine” work failed to diminish his scientific curiosity. His work was such that in only two years the Board of Managers reported: “The Pathological Department cannot be too strongly commended—the advantage of having a man of Dr. Verhoeff’s standing is probably not shared by any other institution in the country.” As he admits, it’s hard to understand how one man could have done so many things. He was not only resident pathologist at the Eye and Ear, he was also an instructor in the regular pathology department at Harvard Medical School, and during his first two years there (1900-1902) he completed the work necessary for a master’s degree at Harvard. He was also an assistant surgeon at the Carney Hospital where he treated clinic patients two mornings a week. In addition to all this, he joined the Longwood Tennis Club in 1901 and played tennis there regularly a number of times a week even up to four years ago.

The motif of his career may be summarized in a sentence from his address “Ophthalmology as a Career,” when he said “our beloved



Fuchs was an illustrious example of those who have correlated clinical and pathological observation." It was early evident that Dr. Verhoeff believed that there would be a great advantage to him in combining laboratory and clinical work. Accordingly, after he returned from a year's study in Europe in 1903, he continued to attend the clinic at the Carney Hospital, and then in 1905, desiring to concentrate all his work in one hospital, he applied for a position as assistant surgeon at the Infirmary. This was unanimously voted against by the Board of Surgeons, who wanted him to start in the clinic by doing refractions as a clinical assistant. Dr. Verhoeff felt he would be wasting time doing refractions, and that with his ability and experience he should start at the higher position of assistant surgeon. The Board of Managers voted in his favor, overruling the Board of Surgeons, and in 1905 he was appointed assistant surgeon.

His other great goal was to obtain sufficient equipment and funds for research. It is interesting to read the annual reports of the pathology department to the Board of Managers for the first 20 years he was there. He invariably terminated these reports by importuning the managers to obtain an endowment for research. For example, after they built a separate new four-room building for his pathology department in 1909, he thanked them briefly, but then went on to state "the need of an adequate endowment will no doubt now be still more apparent than ever before." In 1916 he wrote: "I have repeatedly called attention to the need of a fund to encourage research," and he further stated "a graduate school of ophthalmology should be established."

In the meantime, he was carrying on his own research and producing papers regularly with the occasional help of an assistant when a little extra money was available. He was promoted to full surgeon at the Infirmary in 1913. After serving in the army in World War I, being discharged as a major, he returned to

the Infirmary, and in 1922 won the rarely awarded Knapp Medal for his work on glioma of the optic nerve. In 1924, he was made Professor of Ophthalmological Research at Harvard, and in 1925, the first Chief of Ophthalmic Research at the Infirmary. During these years and up to the late '30's he played a major role in training the men who make up the senior staff at the hospital today, as well as the many other successful alumni throughout America and the world. The most valuable portion of their training used to occur in the old lunch room, where all the house officers sat at the same table with Dr. Verhoeff every noontime and the interesting cases of the day were explained and discussed by the master.

In 1926, Dr. Lucien Howe gave \$250,000 to Harvard Medical School for the establishment of a fund to provide opportunity for research in ophthalmology; this was increased by a gift of \$175,000 from the General Education Board and \$75,000 from the General funds of Harvard University. The necessity of finding space to house the new laboratory resulted in the construction of a connecting building between the Massachusetts General Hospital Outpatient Department and the Infirmary, and the relocation of the eye and ear clinics in that building. This eventuated in the present close collaboration of the two hospitals to the mutual benefit of each. The working relationship between these two individually autonomous institutions, originating with the friendship of Dr. J. C. Warren and Dr. Reynolds, is unique in medical history.

After Dr. Howe's death, Dr. Verhoeff was made director of the Howe Laboratory in 1932, and that same year he retired from the active staff to become the consulting chief of ophthalmology, which position he still retains. In the little more than seven years that he was director of the Howe Laboratory, 56 papers, all of merit, came out of the laboratory, where he had gathered together an enthusiastic group of co-workers, including Drs. King, Gundersen, Ludwig, Cogan and Irvine. Thus his two

great goals had been achieved. First, he had shown that a laboratory man could become a clinician, in his case a superb one. Secondly, when the space and equipment became available, he had formed and directed a competent research team such as he had urged on the Board of Managers for many years! Although he retired from the hospital to devote his time to private practice in 1940, he is still very much a part of the activities at the Infirmary, particularly at the conferences, where his observations are always penetrating and pertinent, and not infrequently whimsical and witty. In addition, this amazing octogenarian is still regularly performing delicate eye operations, as well as continuing to write scientific papers. Although he has been accused of having hurt many men by his ruthless criticism, by his own assurance he never criticized anyone through personal animosity or vindictiveness, but only on the just grounds of scientific or intellectual truth. The greatest contribution that Dr. Verhoeff has made to ophthalmology may well prove to be the inspiration he has afforded to his students and associates. The Verhoeff heritage has already been integrated into the pattern of the Infirmary. The broad and extensive ophthalmological research which is being so well coordinated with the clinical side of the hospital under the direction of Dr. Cogan is a living memorial to a great pioneer.

To return to the Eye and Ear Infirmary. Of the first 859 cases reported by Reynolds and Jeffries in 1825, only 72 were ear cases. The small number of ear patients was probably related to the lack of success in treatment, and this lack of success was due presumably to the nature of the diseases encountered. In 1827, for example, out of 75 ear cases, 36 were running ears and 22 were listed as nerve deafness, and in those early days no effective treatment for such conditions existed. The number of eye patients remained at a ratio of 6 to 1, compared to the ear, from 1830 to the 1860's. In 1867, when the ear cases had risen to 901, compared to 3017 eye cases, it was



decided to assign a surgeon to care for ear cases only. On February 12, 1868, Dr. Robert Willard was elected the first Aural Surgeon; in 1870, Dr. Clarence Blake was also made an Aural Surgeon. In 1872, a separate room was provided for the ear clinic. In 1889, the first recorded operations other than on the ear are found. One adenoidectomy, one tonsillectomy and one removal of a nasal polyp were performed. These procedures multiplied rapidly, so that by 1908, 723 tonsillectomies and over 50 sinus operations were performed. In 1890, the building adjacent to the hospital was purchased and converted into an aural building for the sole use of the ear department with its own clinic and operating room. When the present building was completed, the two departments, eye and ear, were likewise provided with separate clinics and operating rooms. In 1903 the first sinus operation was performed, and in 1904 the Board of Managers stated: "It is increasingly evident that proper attention to the condition of the nose and pharynx is necessary to the adequate treatment of the average patient in the OPD. To refer such cases to clinics for special treatment of nose and throat diseases in other hospitals would impair our efficiency as a form of public service." However, it wasn't until 1932, when Dr. Harris P. Mosher was made Professor of Laryngology and Professor of Otology at the Medical School, that the Department of Otolaryngology was headed by one chief and housed at the Eye and Ear Infirmary exclusively.

Dr. Mosher, the third of our triumvirate, was born in Woodfords, Maine, in 1867. When his family moved to Boston, he attended Boston Latin School and later the Massachusetts Normal Arts School for one year. He graduated from Harvard in 1892, and from Harvard Medical School in 1896. He was a surgical house officer at the Massachusetts General Hospital and also interned at the Boston Lying-In Hospital. He entered the practice of general medicine and surgery on Beacon Street, but when he found it slow he shifted

to ear, nose and throat, as he says, because "this was a surgical specialty, and I had gotten an inkling of it in the Throat OPD of the M.G.H." He went to Germany for post-graduate work, studying in Berlin and Halle, and came back imbued with Janssens' ideas on anatomy. On his return in 1903, he joined the Laryngology Department at the Massachusetts General Hospital and began teaching in the Department of Anatomy at Harvard. From his writings it would appear that he derived his greatest pleasure from his post-graduate course in applied anatomy which he taught at Harvard for 40 years. His artistic talents, as well as his anatomical knowledge were demonstrated in this course. Sketches and plaster models were used to emphasize that a thorough knowledge of anatomy was the necessary basis for surgery.

From the start of his career he was a prodigious worker, and in addition to his teaching, his hospital work, and his practice, he was a prolific writer contributing over 100 papers to his field, varying from the anatomy of the sinuses to the surgical treatment of osteomyelitis of the frontal bone. In 1905, he was appointed a clinical assistant in the Ear Clinic at the Infirmary. His progress was steady at Harvard, and the Infirmary, for after his return in 1919 from army service in the first World War, in which he

reached the rank of Colonel and Chief of Otolaryngology, he was made Professor of Laryngology at Harvard and Chief of Laryngology at the Massachusetts General Hospital. In 1920, he was made one of the chiefs of the ear service at the Infirmary. In 1925, when the Laryngology Department of the M.G.H. combined with the Ear Department to form the Otolaryngological Service, he was made Chief of Laryngology at the Infirmary. It was in this year that the American Board of Otolaryngology was formed, largely as a result of his dynamic leadership. The resulting impetus to better teaching and more adequate training did much to elevate the standards of this specialty. Dr. Mosher was elected the first president of this Board and held this position for 22 years until he resigned in 1947. In 1932, when he was made Professor of Otolaryngology, he was the first full-time professor in these specialties ever to be appointed by any school in America. In 1934, he brought further fame of an international flavor to our hospital, when he was the first American to be invited to give the Semon lecture at the University of London, at which time he was also awarded the Semon Medal. He later received many other awards, medals and honorary degrees. He retired in 1939, although he retained his interest in the hospital up to the time of his death in November, 1954.

Dr. Hill wrote of Dr. Mosher in the "Annals of Otology" that he was a man who was "frank, outspoken, always a seeker for truth. He could never stand for dishonesty or hypocrisy and his aversion to either was quite evident. Unique in his objectivity and his ability to get at the solution of a problem—while he had pride in those things he accomplished and demanded recognition of his priority, he never sought to keep them to himself."

To these three men, Reynolds, Verhoeff and Mosher was granted the gift of a long and useful life. From their lives developed the traditions and the character of the Massachusetts Eye and Ear Infirmary.



*Werner Mueller, M.D.*

*Dr. Mosher*

# Nineteen Eighty-six

## *a fable*

Howard N. Simpson, '35

It was late in the afternoon of a warm, drowsy day late in May 1986. Kindly old Dr. Kleinkopf was musing at his desk, high on the twelfth floor of the Medical Institute. As the old fellow sat dreaming in the panelled office the memories of 50 years came flooding back, years which had seen the good doctor rise from obscurity to eminence in the tight little universe of academic medicine.

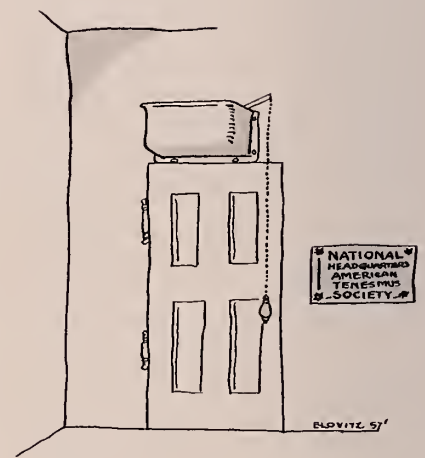
When eager young Adolph Kleinkopf was a medical student, back in the 1930's, a solemn-faced patient on the women's ward, from whom he was taking a history, had said to him, "Doctor, I am *not* a neurotic, but I have these headaches," her eyes became moist, "*they are like a steel band.*"

From that moment on Kleinkopf was a dedicated soul. Every spare moment was devoted to the problem. Slowly and painstakingly he collected cases of this distressing malady. Since he was not a victim of the disorder himself, his investigations were objective, detached, scientific. As he climbed the academic ladder, rung by rung, the studies continued. Soon there were published papers. (*Fourteen cases of steel-band headache, with review of the literature. The incidence of steel-band headache; is it really on the increase? The sedimentation rate in steel-band headache; a negative report. The steel-band syndrome—after 20 years.*)

These were the early endeavors.

In the middle period there were further studies and more papers. (*Catheterization of the temporal artery in steel-band syndrome. Improved anticoagulants for catheterizing the temporal artery in so-called Kleinkopf syndrome.*) By this time recognition had come, and with it, professorial rank, assistants from distant shores, grants from ice bag manufacturers, glittering laboratories. By now the pathology had been investigated (17 per cent showed hyalinization, 12 per cent had round-cell infiltration) and the research pack was in full cry to flush the etiologic agent from the anatomical underbrush.

The later period was what benign old Dr. Kleinkopf was wont to call the Stubbs era. Mrs. Stubbs was a patient who had had several admissions for study of her circumcranial cephalalgia, and had already been the subject of a case report. (*The co-existence of pernicious anemia and steel-band syndrome.*) At the time of her eighth hospital admission, a young intern, who later went into private practice and oblivion, observed in Mrs. Stubbs' blood smear a tiny coccus, so small it was promptly named by doting assistants the Kleinkococcus. It was many months before it was discovered that the germ could only be cultured on the minced pancreas of the embryo lemming, but with this obstacle out of the way, each case of S-B.H. yielded the or-



ganism. Inoculation into human volunteers (two assistants, seven prisoners, and Mrs. Kleinkopf) reproduced the disease. From then on the fulfillment of Koch's postulates was merely a matter of time.

But for fatherly old Dr. Kleinkopf the crowning achievement was yet to come. Up to this point all the advances made by the good, gray doctor had been the result of hard work, intense study, and constant application to duty. Now occurred one of those happy accidents that only favor men who are prepared. One evening when he had been working late in his laboratory, gentle old Dr. Kleinkopf had taken down from a dusty shelf an old bottle containing a drug long since discarded and forgotten. It was a relatively simple, untagged chemical known as phenobarbital, and quite by chance the palsied old



physician spilled some of it into a culture of the causative coccus. The resultant inhibiting effect could only be described by one word—marked. Immediately the entire resources of the Institute were marshalled. Patients were corralled, hospitalized, pictured in *Life*, and treated. To the amazement of the intern and resident staff it soon became apparent that the drug was effective when swallowed, and for a brief time there was an attempt to introduce the enteric route for other types of medication, but this reactionary trend was short-lived.

This brought the pensive old doctor's thoughts down to the present. Academic kudos and professional fame were now his. Soon he would be receiving another honorary degree from a great university. On his desk in front of him lay a letter of commendation from the President of the United States herself. He was at peace with the world.

Suddenly the reverie was ruptured by a secretary who knocked and entered the office. Twinkly-eyed old Dr. Kleinkopf looked up.

"There are some people here to see you, sir," she said.

"Who are they?" queried soft-spoken old Dr. Kleinkopf.

"Some reporters, sir, and a condenser from the *Readers' Digest*."

"Ask them to wait," sighed filmy-eyed old Dr. Kleinkopf.

"Then there is a female," the sneer was audible in the secretary's voice, "who insists on seeing you now."

"Very well," murmured mild old Dr. Kleinkopf, "show her in."

A far less experienced clinician than penetrating old Dr. Kleinkopf would have instantly recognized the pugnacious, square-jowled, slightly overweight mesomorph who strode briskly into the room. The species flourishes in the ancillary services of medicine. Even the eyeglasses had a determined look. She promptly introduced herself. "I am Miss Ernestine Yuccabush. I am here to start organizing the Association."

"The what?" asked overawed old Dr. Kleinkopf.

"The Association. The American Steel-Band Headache Association. I shall begin setting up the national headquarters. Probably in Washington. Very often you can do better in Washington. The address gives prestige. Such-and-such X Street, N. W. That sort of thing. As soon as the office force is lined up we'll start opening the local chapters. Musn't forget the local chapters you know. That," she leered, "is where the money comes from. 'Rake it up in the provinces,' my last boss used to say. Of course we shall have a month, you know, S-B.H. Month, for our drive. I haven't decided which one yet. April would be a natural—income taxes due—that would be the ideal Headache Month, but Cancer has April. Of course the day after New Year's would be good, but you can't do anything in a day."

Bewildered old Dr. Kleinkopf merely blinked. She went on.

"No seals of course. That's old stuff. Every holiday has its seals now. When Flag Day was grabbed, that did it. The suck—I mean the public is getting tired of them."

Poor, punch-drunk old Dr. Kleinkopf sagged, but there was no quarter.

"You see I have had plenty of experience in this business. My last position was Associate Director of NATS—North American Tenesmus Society—but that was a pain. Before that I was assistant to the president

of the Friends of Seborrhea. My first job was filing clerk for the I.C.C.B.—International Congress for the Control of Borborygmi. But that's enough about the past. As soon as the Board of Directors is chosen—and incidentally, there is one sure way to handle a Board of Directors—divide and conk 'em—we shall get out mailing lists, brochures, campaign cards and all that. You will be photographed in front of a laboratory table full of beakers and hamsters—mice and guinea pigs have lost their appeal. On second thought, perhaps you should be in front of a cyclotron. Oh, don't worry, my photographer has a perfectly good cyclotron background in his studio. It's just like the Yale fence. Then there will be a biography—I think about a number 3A would fit you best. That's the one where your father died when you were nine, you sold papers, repaired television sets, waited on table, slept in hallways, but your teachers never thought you were very bright and doubted if you would ever be an outstanding success."

Gasping, glassy-eyed old Dr. Kleinkopf tried to protest. "But there were no tele—"

His feeble remonstrances were lost in a flood of verbiage. Relentlessly she described the technique of organizing a local chapter.

"Be sure to select rich widows for the Board. And a few college professors. Contributions, prestige, and no questions asked. Also get a pitiful case for the newspapers to sob over. After that it's a cinch. Just make sure national headquarters gets its cut."

Finally Miss Yuccabush, flushed and dyspneic, ended the monologue. As she withdrew, and the door closed behind her, exhausted old Dr. Kleinkopf wearily put his head down on his desk. All this was foreign to him, unforeseen, incredible. Slowly he felt a strange sensation coming over him. His temples tensed, his occiput throbbed, his forehead grew taut. Creeping steadily in a circumferential pattern he felt the headache develop, full-blown, fulminating, fierce—it was like a steel band.



# THE VAPORS OF "LIFE"

George Crile, Jr., '33

I never have been subject to attacks of the vapors or so far as I know to any other manifestations of anxiety tension states; in fact I've rarely had anything to be anxious or tense about. But at 10 o'clock in the morning of November 3, 1955, the day after *Life* magazine hit the newsstands, I was at the meeting of the American College of Surgeons in Chicago and I found out how people with acute anxiety states feel. Sitting in my room at the Palmer House, reading, I suddenly developed a wonderful functional disease that made me throw down my book and run out of the room, convinced that I was going down with the *Titanic*.

I still don't know whether this was because I drank three cups of coffee for breakfast or whether it was the fault of Mr. Lord, the author of the book I was reading, *A Night to Remember*, which described the sinking of the *Titanic* in such vivid detail that even without the jitters you could feel the deck slanting under your feet and be sure that the noise of the traffic was the water rushing in. I don't think the attack was precipitated by nervousness about the Cine Clinic that I had to give that afternoon for I was used to things like that. And I doubt whether the fact that several distinguished surgeons had cussed me out for writing the article in *Life* had anything to do with my getting myself on the passenger list of the *Titanic*. I have been taken apart just as completely many times before and never had the boat go down. But down she went that morning and I barely got out of my cabin in time.

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Editor's note: At the specific request of the Editor, Dr. Crile agreed to write for the *Bulletin* his experiences following the publication of his article in *Life* magazine. The reaction of the Editorial Board to this article was similar to the reaction which greeted the original. There was some difference of opinion. The majority, however, both internists and surgeons, believed it to be a simple, honest and important statement of facts and are indebted to Dr. Crile for his willingness to let us publish this.

In retrospect, the cause of my transient but dramatic disorder must have been the tension associated with the completion of the book, *Cancer and Common Sense*. It is astonishing, in the preparation of a book, how intense one can become and how obsessed with a single idea. During the year that I was working on it, I had hardly had a moment that was not occupied with the problem of how to present to the public a philosophy about cancer. It must be this sort of stuff that keeps the medical profession busy with the treatment of functional disease.

I had had some major decisions to make, the most difficult of which was whether or not to publish the article in *Life*. A book might be read by a few thousand people but a magazine would reach millions. If it would be of any value to express my belief that overdiagnosis and overtreatment of cancer were just as dangerous as underdiagnosis and undertreatment, than an article in *Life* would be the best way to do it. I accepted *Life's* offer and had the check made out to the Research Division of the Cleveland Clinic.

In the next month I learned of the care with which responsible editors investigate what they publish. *Life's* editors first checked on the professional standing of the author, then their own scientific staff reviewed the article, then professional readers (in this case physicians, surgeons and research workers) gave their opinions. When the editors had satisfied themselves that the manuscript was a fair presentation of one side of a controversial subject, they asked whether I preferred to write the article alone, to have their staff writers abstract the book, or whether I would prefer to collaborate with a staff writer. I elected to collaborate and asked *Life* to indicate the sections they thought would be most interesting to the public.

In a week a preliminary draft of about 7,000 words was prepared, 95 per cent of it directly quoted from the book and fitted together with suitable transitions. I cut about 1,000 words, substituted another 1,000 and



changed a few of the transitions. Then a staff writer, the author of several successful novels and an editor with 10 years' experience on the editorial board of *Life* came to Cleveland and, word by word, we edited the manuscript.

Contrary to my expectations, the chief aim of the *Life* editor was to avoid the sensational and emotional approach. Time after time he pointed out phrases that might be misinterpreted by the public or which might evoke an undesirable emotional response. With flawless intuition he realized that the subject of cancer of the breast was highly controversial and suggested that in so far as possible it be eliminated. But one of the purposes of the article was to show the public that each cancer is an individual problem and that the most radical operation for cancer is not necessarily the best. I felt that the article should state frankly that the value of the conventional radical mastectomy as the standard treatment of cancers of the breast was not fully established and that simple mastectomy in some cases might have its place. We took the greatest care to emphasize that early diagnosis and adequate treatment were highly desirable. Yet, as predicted by the *Life* writer, it was this section which caused the sharpest reaction in the profession.

When the article was completed, the editor asked if I would like to have it commented upon by authorities in the field. This appealed to me as a fair way of presenting a controversial subject, but I had not anticipated what ensued.

At my suggestion, the American Cancer Society was among the first to receive a copy of the article. Despite the fact that the Society was mentioned only once, and then with the suggestion that there be continued support for its efforts to raise funds for basic research, the Society sent representatives to the editors of *Life* and tried to block publication. They could not refute the accuracy of the article, each sentence of which had been researched independently by *Life*, but here and there they criticized a phrase and many of these I was happy to change. I then called one of the chief executives of the Society, told him that I was astonished at the Society's reaction to what I thought was a carefully worded, middle-of-the-road article, thanked him for the suggested changes and told him that I would be glad to work with him or any other representative of the Society on any further changes that he might suggest. I emphasized, however, that I would not retreat from my position of condemning the use of fear in the education of the public. He replied that the Society could not raise a lot of money without using fear. He did not accept my offer of further editorial change.

The American Cancer Society next sent telegrams or telephoned the AMA, the College of Surgeons, the Damon Runyon Fund and others. Whether or not copies of the article were actually read by the representatives of the organizations who, at the Cancer Society's request signed their names to the statement, is a question. I later learned that at least one of the signers had not read the article at the time he authorized the

use of his signature. Another later told me, "The Cancer Society was making such a fuss about the thing that we just had to do something." The rebuttal that was published and signed by the various organizations was an emotional reaction that bore little relationship to what the article actually said. But the statements of the authorities who at *Life's* request had given their individual opinions, whether pro or con, were thoughtful and well considered.

The editors of *Life* had told me that when they show a picture of a man killing jack rabbits or doing injury to an animal they are apt to get thousands of letters of protest, many more than follow similar actions of man against man. An average article may elicit 100 or more letters, an emotional article up to 1,000. Most letters are negative. The average person does not get stirred up enough to write unless it is to protest.

*Life* magazine and I received in all about 300 letters, 80 *per cent* of which were favorable, 10 *per cent* critical and 10 *per cent* from crackpots. Most of these told about their cures for cancer, but one letter read as follows:

Dear Dr. Crile:

I read part of your article on cancer. You talk about the English airmen as brave. What about the U. S. Marines? What about the Russian airmen? The trouble with you is that you like England.

Very truly yours,

The article had been planned to avoid any appearance of offering a cure, and as a result, there were only two letters that requested consultation. Only eight or ten writers asked for a medical opinion. Most of the writers expressed gratitude for relief of anxiety. In one well-written letter, a woman said that until she read the article she had been afraid to seek treatment for a symptom that she thought might be due to cancer. "When I read your article," she said, "I walked, not ran, to my doctor, and I am happy to say that he found no sign of cancer."

On two occasions that I know of, I have been attacked in open meetings by surgeons in positions of high authority. "The place for such publications is in medical journals, not in *Life* magazine," they said.

I had expected this attack, but there was no way that I could have accomplished my purpose without making myself vulnerable to it. There was nothing new or original in the *Life* magazine article or in the book, nothing that physicians did not already know, and nothing that most of them did not agree with. No medical journal would be apt to publish a 7,000-word philosophical treatise on cancer. Perhaps they should and perhaps until better cures for cancers are found, we should try to teach the public a measure of acceptance and a philosophy that will help to conquer fear. But let me warn you—if your nerves aren't strong enough to sink quietly with the *Titanic*, don't write about cancer in a lay magazine.



# Alumni Day and Class Day



Photographs by William Tobey

Promptly at 9:00 on the sultry morning of May 31, the vanguard of a troupe of returning Alumni eventually to number nearly 900 (thus breaking all previous records), presented themselves at Building A to register for the Medical School's annual Alumni Day. Even before the first arrival had signed in and picked up his badge, the day's events were well under way at Vanderbilt Hall, where the 1955-1956 Alumni Association Council Members were meeting at breakfast for their final session of the year.

Shortly after 9:30, to a capacity audience in Amphitheater D, outgoing Alumni Association President Joseph T. Wearn, presiding over the annual business meeting, paid tribute to retiring Council Members J. Englebert Dunphy, '33, Russel H. Patterson, '18, and Richard P. Stetson, '26, as well as to the retiring Editor of the *Bulletin*, John P. Merrill, '42. Following this, the

results of the Alumni balloting for Councillors were announced. Officers chosen were George P. Denny, '13, President, and Russel H. Patterson, President-elect. Councillors elected for a three-year term were John Rock, '18, John P. Hubbard, '31, and Robert J. Glaser, '43B. Dr. Merrill will be succeeded as *Bulletin* Editor by John R. Brooks, '43B, Clinical Associate in Surgery at the Medical School.

With business matters settled to everyone's satisfaction, J. Englebert Dunphy took up his duties as Moderator of the Alumni Day Symposium. He introduced Alan Gregg, '16, who in his opening remarks made a plea for still greater support of medical schools by members of the profession. Taking as his theme a quotation, "He who knows how will always find employment, he who knows why will be his employer," Dr. Gregg went on to point out that this country is not producing



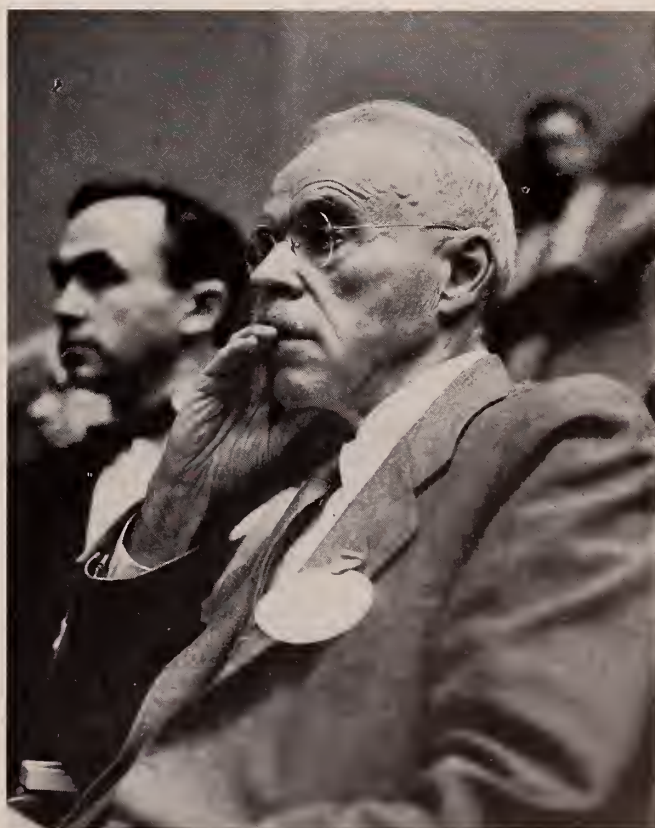
*Dr. Alan Gregg, '16, presenting the opening remarks of the Alumni Day Symposium*

enough doctors, and to underline the fact, cited as an example the State of New Jersey, where 60 per cent of the interns are from foreign countries. He warned that members of the profession will find themselves in the position of knowing only the "how" and not the "why" unless they support the medical schools themselves.

Historical perspectives and prospects for the future of "Atoms in the Medical School" were discussed by Dr. A. Baird Hastings. He traced the precursor of "atoms" through the early history of chemistry at the Medical School to the establishment of the Biophysical Laboratory (1946) for the conduct of research and the training of staff, post-doctoral fellows and students in the use of isotopes. He noted that the first professorship in chemistry—the Erving Professorship of Chemistry, established in 1791—remained in the Medical School until 1856, when (through Professor Josiah Cooke) it was transferred to Cambridge and "continues to be one of the distinguished professorships of Harvard's department of chemistry." In the intervening years, Dr. Hastings said, "chemistry in medicine has changed and grown mightily. Some express the fear that medicine will infect all biochemistry. The only thing that I fear is that one or the other will develop antibodies." The "something new" added to medical measurements was characterized by Dr. Hastings thus: "This Atomic Age has brought to medicine means of labelling atoms

so that one is no longer limited to measuring input and output of materials and then speculating about what happened to them in the body. Now we can trace their migrations from gastrointestinal tract to blood, from plasma to tissues, their chemical transformations in tissues and their routes of excretion." Expressing hope that a future historian would not find the half life of atoms in the Medical School to have been "a finite number," Dr. Hastings concluded, "Whatever may be the fate of atom bombs in the world at large—atoms in the Harvard Medical School are certainly here to stay."

A description of artificial mechanisms by which chronic congestive heart failure has been produced in dogs and observations suggesting that alterations in peak sodium excretion may be a far earlier concomitant of cardiac impairment than heretofore supposed, were offered by Dr. A. Clifford Barger. Earlier investigators, Dr. Barger reported, had found the cardiac reserve in the dog to be so great that artificial damages to the heart either produced no detectable alterations in cardiac function, or led to acute cardiac failure or death. It was discovered in the Physiology Laboratory that inducing valvular damage in the right side of the dog's heart (tricuspid insufficiency plus superimposed pulmonary stenosis) resulted in conditions that resembled "chronic right-sided congestive failure similar to that seen in man and characterized by marked cardiac enlargement, elevated venous pressure and venous congestion with hepato-



*Dr. Paul Dudley White, '11, listens to a preceding speaker*





*The Herrick twins, Ronald (left) and Richard, donor and recipient in the first successful kidney transplantation, are presented by Dr. John P. Merrill, '42.*

megaly, low fixed cardiac output, dyspnea on exertion, and ascites and edema." Further research on the experimental animals also indicated, Dr. Barger noted, the value of digitalis in increasing sodium excretion. "We now have," he concluded, "an animal preparation for studying the possible mechanisms by which alterations in cardiac function lead to sodium retention."

Dr. Richard Warren presented some views on a surgical approach to a disease of the older ages—the complications of arteriosclerosis—and some observations on tradition in the Harvard Medical School and on the art of staying young. "Prior to twenty-five years ago," Dr. Warren said, "the only surgery that could be offered to a man with obliterative arteriosclerosis of his femoral artery was amputation. Twenty-five years ago when I was at Medical School surgeons were just beginning to chisel at the problem in other ways. During the last five years, methods of restoring arterial circulation in its main stream in a normal amount have been perfected." Use of these procedures may reflect a real "break-through" in the field, but, Dr. Warren pointed out, "Follow-up experiments have shown that 50 to 75 per cent of the (arterial) grafts start closing again in a few months or a year or two, and we do not have complete evidence as to why." In his remarks on tradition in the Medical School, Dr. Warren said, "The real tradition of Harvard Medical School is something that is personal, differently interpreted by different individuals. To some it is a tradition of reverberating intellectual opportunities. To others it is the opportunity to criticize something passionately . . . secure in the knowledge that if you are wrong there will be enough wise heads temporarily level at one time either to set you straight or to take the one grain of worth from your idea and use it as it should be used."

Dr. Paul Dudley White, commenting on the fact that "we know a thousand times more about diseases than our predecessors did generations ago, but apparently in-

finitely less about health," outlined a program of positive health habits, based on the following environmental factors. Work: ". . . the one most important measure to improve and to maintain the health and happiness of our older citizens is to keep them working both mentally and physically. . . . It is my experience and hence my belief that hard work, physical or mental, never killed a healthy man. Nor emotional stress either with the rarest of possible exceptions." Equanimity: "In some way, I believe, the bad effects of the alarm reaction, of grief, of fear, of anger, and of pessimism can be neutralized and even superseded by inculcation of the positive virtues of courage, patience and optimism." Exercise: Applauding Chicago's plan to build bicycle paths from the suburbs to the city, Dr. White remarked, "it will be more than worth while to establish this routine and practical health measure to counteract the soft, push-button way of life that we are threatening to bequeath to our children who will need more than gadgets to survive in this world tomorrow." Diet and obesity: Dr. White asked "is our prosperity endangering our lives, as perhaps did that of the well-to-do Romans in the first century A.D.? . . . with some revision of our routine ways of life we may actually enjoy the resumption of vigorous physical exercise, the cultivation of equanimity, and the substitution of an attractive diet for the excessively rich and quite unnecessarily habituated in this country today." In closing, Dr. White made two pleas, first for the more adequate support of epidemiological research on man himself, second, to urge doctors present to support sensible habits aimed at achieving a state of positive health.

Dr. Joseph Murray '43B, and Dr. John P. Merrill, '42, discussed the problem of renal transplantation and presented the Herrick twins, Richard and Ronald, between whom the first successful kidney homotransplant had been performed. Dr. Murray outlined the background of homotransplantation in general, pointing out that the rejection of a homograft depended upon



*Part of the outdoor audience for the afternoon proceedings*





Dr. Edward D. Churchill, '20, the afternoon speaker, tracing the founding and development of the Harvard Medical School . . .

individual tissue specificity. He then discussed attempts made in the past to modify this and described the technique used in performing the renal homograft in the Herrick twins. Dr. Merrill, who followed him, discussed the clinical course of the recipient following the successful kidney transplant. He pointed out that both the renal failure and hypertensive disease were ameliorated and went on to discuss current attempts to modify the rejection response in tissue transplanted between nonidentical twins. Introduction of the Herrick twins, looking healthy and happy, concluded the presentation.

The *Bulletin* plans to print a number of these talks in their entirety in future issues.

In his brief remarks as President of the 25th Reunion Class, Dr. John P. Hubbard presented an evaluation of the class "totem pole" (the class standings of 1931) as a measure of success 25 years later. "Twenty-two of our class—those who stood high on the totem pole," he said, "graduated *cum laude*. It so happens that 22 are found listed in *American Men of Science*; but these are not the same 22. Of the 22 *American Men of Science*, 9 came from the top third of the class, 7 from the middle third and 6 from the bottom third. Only 5 of the 22 *cum laude* students are *American Men of Science*. Possibly *Who's Who* is a more selective listing. Eleven of the class have made *Who's Who*. One of these 11 ranked 122nd and another 123rd in a class of 130. All of which leads me to only one conclusion. The key to success in the profession of medicine is to be admitted into and to graduate from H.M.S. and to be-

come a part of *Haec Magna Societas*."

Dean George P. Berry then introduced President Nathan M. Pusey, who welcomed the Alumni returning on the occasion of the 50th anniversary of the dedication of the Medical School buildings. At the conclusion of his remarks all adjourned to the sun-baked Quadrangle for lunch, under the tent for those fortunate enough to find room, and under the trees for the nature seekers and late comers. Shortly afterwards all gathered at the foot of the steps where Edward D. Churchill, '20, spoke to the assembled Alumni and their families, summarizing the past half century in the history of the School. The reunion classes then dispersed (barely in time to avoid an unadvertised and destructive thunder squall), to meet later in the evening for a resumption of festivities.

Those returning to the Quadrangle Friday morning, June 1, for Class Day, were greeted, together with members of the graduating class and their families, by Dr. Roy O. Greep, Dean of the School of Dental Medicine, after which Harry Zehner, Jr., presented the Class History.

Following the award of the Alumni Association Prize to Norman Brown of Buffalo, New York, Dr. Paul D. White delivered the Class Day Address, "Our International Obligations and Opportunities, A Challenge to the American Physician," in which he spoke of the necessity for increased contributions and exchange of ideas on an international level on the part of physicians in this country.

The Class of 1956 took the Hippocratic Oath under the leadership of Dr. Berry, who concluded the program by giving the valediction, in which he commended not only the members of the graduating class, but their parents and wives, recommending that the latter be accorded the degree of P.H.T. (Putting Hubby Through).



. . . to a rapt (and sleepy) audience



# Reunions



*Laurence D. Chapin, Charles G. Mixter, Merrill E. Champion and John C. Rowley, all of 1906*

## FIFTIETH REUNION

Of the 27 living members of the Class of 1906, 18 gathered together for our Fiftieth Reunion. Fifty years ago our class had the distinction of being the last to graduate from the Boylston Street Building. Today it earned still another, for two-thirds of the living members were present for this Reunion, a figure which we are told is a record high for such an occasion. Perhaps the incentive to attend stemmed from the fact that a personal comment from all but one of us was to be found in the Class Report.

Fourteen arrived at the Medical School on Thursday morning to register and to listen to the Symposium. Present at that time were Calder, Champion, Chapin, Collins, Frothingham, Godfrey, Ladd, Leopold, C. Mixter, J. Mixter, Rowley, Risley, Ruggles and Stevens. Special mention

should be made of Collins who came all the way from California to be with us.

After lunch we heard Dr. Churchill's interesting history of the School from 1906 to the present time. His talk ended just before a sudden thunder squall ripped the canopy over the speakers' platform and knocked over a good many chairs.

At 6:00 we adjourned to the Tavern Club for cocktails and dinner, where Goldsbury, Maguire, Reese and Van Nuys joined us, as did Dean Berry and Barrett Wendell, Jr. from the Alumni Office. After dinner, in response to questions, Dr. Berry discussed some problems of, and plans for the School. Thereafter, Frothingham as toastmaster called upon every one present in turn for a song, a story, or some personal reminiscence.

Thus ended a worthwhile reunion of H.M.S. '06.

WILLIAM E. LADD  
CHANNING FROTHINGHAM  
HENRY W. GODFREY  
CHARLES G. MIXTER  
WILLIAM JASON MIXTER  
*50th Reunion Committee*



*Arthur H. Ruggles and William E. Ladd, 1906*

## FORTY-FIFTH REUNION

On May 31st, 24 members of our Class gathered at the Longwood Triangle to enjoy the Alumni Day exercises and to start our Forty-fifth Reunion. Your Secretary was not the first to be present, since his plane arrived from England that morning at half-past six. All present felt that the morning exercises and Dr. Churchill's interesting talk in the afternoon



1911



made this largest of Alumni Days a notable occasion.

But the best was yet to come, for we were joined at 6 o'clock by 22 of our wives and the widows of two departed classmates for cocktails and dinner in the Library of the Harvard Club. We were pleased also to have Dean Berry as our guest for a few minutes before he went on to fill a dinner engagement. After dinner, Wesselhoeft took over as toastmaster for the evening. He called upon your Secretary for a short statement pertaining to the Class contribution to the Alumni Fund. He then asked every member of the Class present to make some sort of a short comment, of which one or two are worthy of note. Bagg, who was a former President of the Massachusetts Medical Society read a poem which was especially written by him for the occasion. White discussed his latest attempt to record the heartbeat of a whale, and explained a number of the difficult technical problems connected with this venture.

This report would be incomplete without mentioning how greatly the ladies added to the occasion. All of us are grateful to them for coming.

Thus, with a firm resolve to be present at our Fiftieth five years hence, the Reunion of H.M.S. 1911 ended.

J. HOWARD MEANS  
*Reunion Chairman*



1916

## FORTIETH REUNION

The Fortieth Reunion of the Class of 1916 was held on Alumni Day, May 31, 1956. Twenty-five of the surviving members of the Class attended the morning program and luncheon in the Quadrangle, while seven of the Class wives were entertained by the Ladies' Committee at The Country Club.

Dinner at the Harvard Club in the evening was attended by Biascoechea, Calvin, Dillon, Gregg, Heyman, Lowrey, Lyon, Morris, Nichols, Osgood, and Viets, as well as by Briggs, Butler, Goethals, Harding, Houston, Lacey, Langmann, Lanman,

Putnam, Roberts, John Taylor, Wilbur, Withington and their ladies.

The program was informal and was highlighted by the chairmanship of Harding, the report of Lanman on the support of the Alumni Fund by the Class, and the extemporaneous remarks of Briggs, Butler, Dillon, Gregg, Roberts and Viets.

The deaths of Bill Findley, Elmer Learned, Jim Ricci and Ben Ragle since our thirty-fifth reunion were sorrowfully noted.

Telegrams of greeting were received from Campbell and Weld, as well as messages from several of the other Classmates who were unable to attend.

THOMAS R. GOETHALS  
*Reunion Chairman*



1921

## THIRTY-FIFTH REUNION

The Class of 1921 reunited for the day on Thursday, May 31, 1956 with 37 of 80 living members in attendance. Came also 29 wives and our guest of honor, Miss Dorothy Murphy. We are proud and pleased that 17 classmates arrived from out of state, from places like Colorado, Illinois, Michigan and Maine. Mrs. Byers and her cadre of local hostesses established contact (despite an unreliable communications network of husbands) with the lady visitors de-





*Steven G. Jones and Charles B. Blaisdell, both of 1921*

sirous of entertainment. Some were toured among the flowering fields and woods of suburban May and all had lunch in Milton—paradise regained.

Meanwhile male 1921 competed with other classes for seats in glamorized Amphitheatre D to hear about modern Harvard medicine. Defeated standees and late comers were forced to sit happily in the shade of the trees of the quadrangle. All listened, whether within or without and over the excellent "public address system," to words that came from strong and clear minds. The wit and humor of Moderator Dunphy supplied connectives and punctuation. Meanwhile, the crimson banner gently undulated in the blue sky above the white marble, which perhaps should be brick, but *not* on Alumni Day!

Then, joyous renewal of old acquaintance and free lunch and beer in the tent. Everything but elephants. After lunch we listened to Churchillian reflections on the unfolding embryology of the Harvard Medical School, now for fifty years at Longwood Avenue, and there somewhat removed from fever, casualty and deeper scholarship but surviving somehow, and at least safe from the tides of Charles. After that, was it the impiety of taking the 1921 class photo on the newly hallowed steps, where just before had stood the 25-year graduates—great for a day—that

angered the Gods of New England weather? At any rate, the shutter opened twice on us assembled thirty-fivers, then came Boreas, winnowing the folding chairs as dry leaves before him, and splitting the striped awning like the sail of a Venetian galley in a black squall. We fled, rain lashing down, back to the womb of the Administration Building. No taxis—one umbrella.

By five-thirty perfect and brand-new evening weather dawned in the West, with the long slant of the sun in the Kazanjian's Belmont garden on fair ladies, flowers, tinkling glasses and jovial classmates. Mrs. K., serene and smiling hostess, moved among guests who mingled in reminiscence, comparative scoring of grandchildren and livelier extensions of the Class Report. Then came supper on the lawn, and with thirty-fivers comfortably (and appropriately) seated at adjacent round tables and the happy hum of conversation pitched near middle C, President Webber spoke words of gratitude to our host and hostess, also including in his thanks the reunion committee. About its composition there was some administrative uncertainty—except for Treasurer White.

After supper there was adjournment to the game room where a



*Alexis M. Bagusin, 1921*

scheduled business meeting spontaneously evaporated before it was even considered. There the festivities of the day ended with movies by Dr. K. of earlier and no less happy reunion parties at his home, followed by beautiful kodachromes taken by Woodbridge of his Greenfield house and garden.

We think this was a fine reunion, H.M.S. 1921. Thanks to all of you. You made it so. To those who didn't come, best wishes and the hope of seeing you in 1961!

WILLIAM B. CASTLE  
*Reunion Chairman*

## THIRTIETH REUNION

The great day dawned bright and clear and Little Rollo hopped nimbly out of bed full of anticipation. Then he remembered, of a sudden, that this was his Thirtieth Reunion and not his thirtieth birthday and he said to himself, "What the hell am I doing?" and fell back into bed. However, with the passage of time there came a resurgence of the stern stuff of which he was made. He thought, as he had so often in those bright college years, "When duty murmurs low, 'Thou must', the youth replies, 'I can'," and, hoping that canned he would be before the sun would set, with great resignation he pulled himself erect and drove to the amenities.



*Robert W. Buck, 1921  
listens to Dr. Churchill*



The amenities being held at the Medical School, the class registered in the Alumni Office and when the total count for the day was in, it was found that 33 classmates had appeared from as far as California and Nebraska. Each made elaborate and extravagant protestations of all of the others' extreme youth and beauty.

The morning was spent at the symposium and after luncheon in the Quadrangle most of us listened to Edward D. Churchill, '20, speak in commemoration of the fiftieth anniversary of the occupancy of the present buildings of the Medical School on Longwood Avenue.



*Elmer L. Severinghaus, '21  
Roberto F. Escamilla and  
Vern T. Bickel both of '31*

Some of the more athletically-minded members journeyed to the Essex County Club early in the afternoon with the expectation of playing golf, only to be washed out completely by a violent thunderstorm which lasted from about three in the afternoon until about five o'clock.

This, however, did not dampen the ardor of the Class as a whole, which then foregathered for cocktails at Walter Burrage's house in Manchester, where we were fascinated by the interior decorating and did a little ourselves. We then returned to the Essex County Club, where 58 sat down to dinner.

Allen, Appolonio, Augustine, Badger, Baisley, Barr, Booth, Brown, Burrage, Butler, Collins, Cooksey, Ellis, Finland, Forkner, Gallup,

Heath, Johnson, Kiefer, Kingsley, Linnehan, McKoan, McSweeney, Mallory, Petrone, Pratt, Sanford, Smith, Stetson, Strieder, Sweet, Thurman, Urmy, together with most of their wives, and Augustine's son made up the list of the diners.

Walter Burrage presided in his inimitable manner, and called upon Sheldon Sanford, Cabot Brown, Claude Forkner, Don Kingsley, and Warren Cooksey, they being the men who had traveled from some distance, to say a few words.

And so it was ended and we took ourselves on our various ways for another five years.

Little Rollo drove himself home filled with thoughts and a feeling of warmth for those whom he had not seen for so long and firmly resolved that on the thirty-fifth he would hop out of bed even earlier and made a mental note to urge all of his classmates to do likewise.

JOHN W. STRIEDER  
*Reunion Chairman*

## TWENTY-FIFTH REUNION

A very successful reunion for the Class of 1931 started on Thursday, May 31, with registration in the Faculty Room at the Medical School. A good proportion attended Alumni Day exercises, and had the pleasure of hearing the President of the Class, Dr. John P. Hubbard introduce Drs. John A. Abbott and Charles H. Bradford, our Class Fund agents. Dr. Ab-



*Hollis L. Albright, '31  
and daughter Tenley*

bott made the formal presentation of our gift to the Medical School. In the evening, we gathered at The Country Club in Brookline for cocktails and dinner followed by dancing.

On Friday, June 1, we attended Class Day exercises. Dr. Hubbard, as President of the 25th Reunion Class, made the presentation of the Alumni award of \$200 to the graduating senior chosen by the Alumni Prize Committee. Our wives joined us at lunch and we had an opportunity to meet those who had arrived for the final day.

In the evening, we enjoyed dinner at Kresge Hall at the Harvard Business School where Dr. John N. Robinson was at his best as toastmaster. Our wives then left us temporarily for a boat trip to Boston's Museum of Science while we were regaled by Dr. Charles Bradford's most interesting description of the taking of Corregidor by paratroops in World War II. We were rejoined by the ladies and Dr. Hollis Albright showed movies



1931





Charles W. Steele, 1931

of the Olympic Games, including some of his famous and charming daughter, Tenley.

In all a total of 71 members of the Class registered and 48 wives. We are proud of the fact that five members came from as far away as California.

A letter to Mr. Harold Vanderbilt expressing the gratitude of our class, the first to spend four years in Vanderbilt Hall, for his gift was circulated for signatures of the members.

The general feeling was that the reunion was well worthwhile and we look forward with enthusiasm to our Thirtieth.

CHARLES F. WALCOTT  
*Reunion Chairman*

## TWENTIETH REUNION

Alumni Day at Harvard Medical School this year saw more than one-third of the Class of 1936 returning to gaze in wonder at the changes time hath wrought. The program in Amphitheatre D whetted their palates and the traditional outdoor luncheon added their pates, but ample opportunity for recovery was afforded before the reunion dinner in the evening.

Cocktails consumed in the main exhibition hall of the Museum of Science offered exactly the subtle blend of alcoholic fumes and zoology

needed to recreate the atmosphere of twenty-odd years ago. (Never forget this is the class that celebrated the repeal of the Volstead Act halfway through its medical school career.) Dinner was served to 75 souls in the auditorium below, a pleasant meal with ample opportunity for everyone to renew acquaintances. Tom Caulfield in the chair, entertaining as always, and brief reports by Marsh Ruffin (President) and your secretary concluded the repast. Everyone left well pleased and vowing the journey a success, eminently worthy of repetition in 1961—*Deo Volente*.

HOWARD ULFELDER  
*Class Secretary*

## FIFTEENTH REUNION

What a reunion! The happy days swept past so rapidly that it is hard to recollect the many happenings. Forty-two members of the class returned for the various activities. A few could stay for Thursday only: Butterfield, Foley, Furste, Hamlin,

Levine, Pope, Schilling and Dave Scott. This was an excellent turn-out considering the fact that only 16 members are from the Boston area. The long distance prize was shared by Wally Arneson from Sioux Falls and Milt Berg from Tulsa.

The weather on Thursday morning—sunny and hot—was an auspicious omen as we began our activities by attending the medical symposium in Building D, which has been magically transformed into an ultra-modern amphitheatre with indirect lighting and plush seats. Elkin, Berg, Byrne and Westhaysen demonstrated, however, that the irresistible urge to sleep when the lights went off was still present. After lunch a formal class meeting was held on the greensward, and President Schilling gave a brilliant account of the class activities during the past five years. Culver's stirring treasurer's report demonstrated his amazing financial dexterity. Such misappropriation of funds has never been equalled.

The dinner-dance at the Weston Golf Club was delightful. The waltz prize went to Ohler and Knapp and the "rock and roll" honors went to



1941 relaxes after lunch—Walter L. Butterfield, Jr., Milton L. Berg, Charles H. Hamlin, Joseph Rogers and Raymond C. Collins



Bering and Berg. The Wiggins proved to be adept singers. Feder and Craig won the Charleston cup, and Martini honors went to Risley and Ross with Collins and Raker sharing the Manhattan prize. Carter discussed cirrhosis of the liver. Nelson seemed to be glad he stayed over for the Friday meeting. As usual, Harrold led the stag line. Daniel had his private taxi-cab driver to whisk him back to the airport during the early hours of the morning, and one of the finest sights of the reunion was the gay waving of good-bye of Daniel and his pal as they left for the airport. Van Slyke was voted the handsomest and youngest looking member present. Sholl had a good time even though he wore out two cars getting from Boston to Weston.

On Saturday morning the class enjoyed a scientific program of CPC's, rounds and lectures after which the picnic began at Tabor Day Camp, a most pleasant location. The archery contest was won by Selverstone. Nield proved to be a great ping-pong adversary. The baseball game was a thrilling sight and some of the highlights were Barrett's racing around the bases, Thirlby's slugging, Kanwit's porous infielding, Tucker's catching and Finck's first base-ing. The Class is still in fine condition (flat on its back).

After the picnic the group toured the Boston Medical Library, and then settled down for a serious scientific seminar at Hinman's Night Club.



1951

Rogers, Sherrick and Miller furnished the music. Richter won thunderous applause with his stirring accounts of his brushes with the law and his aerial triumph. Afterwards the group went lobster hunting. By Sunday, a small group of hangers-on made merry at Selverstone's amid the clatter of popping flash bulbs.

All-in-all a great reunion—Old friends seem like the best friends—Harvard Medical School can't be beat—See you at the Twentieth!

JOHN J. BYRNE

*Reunion Chairman*

## TENTH REUNION

Some 48 members of the Class of 1946, their respective wives or companions and assorted offspring participated in what must be judged, tritely but truly, a huge success.

Having attained that status, according to one savant, where our credit was good enough to float the necessary loans, envoys converged from Minnesota (Braasch and Goetz), Colorado (Donald), Ohio (Epstein and Hackel), Washington (Odland), Connecticut (Finkenstaedt), Tennessee (Keirns), New York (Osgood, Pierce, Bader and Thomas), Delaware (Radford), New Jersey (Royer and J. Wood), Wisconsin (Segnitz), Virginia (Wisoff), Missouri (W. Wood), unidentified Dixieland (Hooper)—all this and Massachusetts too! Except for a statistically significant increase in supratentorial epidermis, suprapubic avoirdupois, and a tinctorial filamentous alteration, all appeared w.d., w.n. and essentially "of stated age."

Evening (and early A.M.) festivities on May 31 consisted of a dinner-dance at the Longwood Cricket Club. The previously unheard-of development of residual liquid contents in glass containers led to a heated, but inconclusive, discussion of (1) old age or (2) increased financial capacity.

Following Class Day activities on June 1, we journeyed to the Spruce Hill Country Day School grounds in Wilmington for a picnic, convinced of the manifest destiny of the Class of '46 by the ultimate in cooperation by the weatherman. The high point of the day was a softball (?) game, replete with creaks and groans, muscular (and cerebral) contractures. By unanimous consent, the stars of the



1946



game were Mead and Fremont-Smith. (Editorial honesty compels me to add that these were the younger offspring, not the physiologist or bacteriologist.) Swimming, eating, reminiscing, and shepherding the almost limitless progeny rounded out the day. It is no exaggeration to say that we all left—a little happier, a little prouder, a little better—for the coming.

Unequivocal advice to any future chairman—enlist the services of Fischer, Maloy, Mead and Richardson—then relax!

MILTON W. HANOLSKY  
*Reunion Chairman*

(yumm!—the hors d'oeuvres were good too). New arrivals from distant parts were the Rubins (Fort Monmouth, New Jersey) and the Spinks Marshes (from New Haven).

Still bursting with energy, 52 adults and 29 assorted children gathered at the Spruce Hill Day Camp near Lexington for a picnic Saturday, June 2. Overcast day—but warm enough for swimming. Sensation created by the arrival of George Murphy and Marv Gordon in their Bermuda shorts and knee socks; Clem Heibert in a Bikini; prosperous-looking Dave Bikoff in a new Chrysler, Harry Truman sports shirt and Lon-

don cap; and Jean Dawson with a date. Five cases of beer rapidly consumed. Food arranged by Luella Nielson who, I guess, is still trying to figure out what to do with all the leftover baked beans. Arnold Nevis still trying to figure out who owes whom what. At the end of the day 29 tired, dirty, contented children—their haggard mothers—and the Class of H.M.S. '51 brought to an end a most successful 5th Reunion.

In the words of Bob Nielson—"May the 10th Reunion see us all solvent, successful, and satisfied."

GERALD FOSTER  
*Reunion Chairman*

## FIFTH REUNION

Forty-six classmates, 26 bona fide wives, 1 wife-to-be (Mary Anne Hiebert-to-be), and 2 misplaced husbands (Bob Efron and Herb Weiss) somehow or other managed to find the Boston Yacht Club on Rowes Wharf the evening of May 31 to celebrate the Fifth Reunion of H.M.S. '51. Out-of-townners included the Skinners (all the way from Seattle), the Plums (from Rochester, Minnesota), "Ramrod" Summer (from Chapel Hill, North Carolina), the Faheys (from Bethesda), Bob Arnstein (from New Haven), the Snows (from distant New Hampshire) and a motley collection from the New York area (the Bikoffs, Efrons, Wilmers, Farrels, and Uncle Al Damon). Much alcohol; dancing to the rhythmic strains of a "name" band (the name escapes me); a "sumptuous" feast (after the 5th Martini anything would taste good); a few choice stories and sedate songs from the Aesculapian Show (courtesy of Foster, Tuttle, Nielson, Skinner, Dreyfus, and Haynes); Arnold Nevis frantically trying to figure out who owes whom what; pleasant reminiscences; more alcohol—all added up to *fun*.

Cocktail party the following evening at the Deanery of Vanderbilt Hall. Hors d'oeuvres prepared by the talented hand of Ginny Tuttle



*See you next year!*



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# REGIONAL ACTIVITIES

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## MINNEAPOLIS

On Thursday, May 17, some 14 members of the Alumni Association of that city gathered for dinner at the Minneapolis Club to meet and talk with Dr. Dana L. Farnsworth, '33, Henry K. Oliver Professor of Hygiene and Director of Student Health, Harvard University. Dr. Dean K. Rizer, '38, chairman of the evening, mailed in a report, from which the following excerpt is taken.

"Dr. Farnsworth's talk provoked a discussion which lasted for nearly two hours which gives you some idea how interested and stimulated we all were in what he had to say.

"From this beginning I know that interest in Harvard and the Alumni Medical Association will increase. The men were generally enthusiastic about our first meeting. For the time being, they have asked me to act as a liaison between Boston and Minneapolis. At a later date, when we have a larger gathering, a formal Alumni Association with regular officers can be set up."

## CHICAGO

From Chicago comes the report of the cocktail party which was held

for those members of the Alumni Association who were in Chicago during the annual meeting of the A.M.A. The site of the party was the Roof Garden of the Tavern Club, which is on the 26th floor of 333 North Michigan Avenue. Richard B. Capps, '31, Vice-President of the Association, and Oglesby Paul, '42, were co-chairmen. The latter reports "a turnout of about 80 people. The night was hot, but not unbearable, and since we were up on the 26th floor of a building overlooking the lake, it was really very pleasant. The arrangements were satisfactory, the cocktails were good, and we had a pleasant time."

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## HONORS

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Dr. Harry C. Solomon, '14, was elected president-elect of the American Psychiatric Association, the oldest national medical society in the United States. He will become president of the Organization in 1957. Dr. Solomon, who helped to shape the early development of the teaching of psychiatry in the Harvard Medical School, will retire this summer as Professor of Psychiatry at Harvard, but will continue as Medical Director and Superintendent of the Boston Psychopathic Hospital, the major center for the teaching of psychiatry in the Medical School. Under his leadership, the Boston Psychopathic Hospital has been recognized throughout the world as one of the leading institutions in its field. In his dual post at Harvard Medical School and Boston Psychopathic Hospital, Dr. Solomon has



*Dr. Solomon*

been a central force in fusing the best in clinical care of the mentally ill with the teaching of psychiatry at both the graduate and undergraduate levels. He is recognized internationally as a leader in the field of psychiatry as it has emerged as a distinct medical discipline.

\* \* \*

Dr. Stanley Cobb, '14, noted neurologist and psychiatrist, was named as one of the recipients of the first Albert Einstein Commemorative Awards for "outstanding achievement in the field of medicine." Dr. Cobb, a past president of the American Neurological Society, is retired Bullard professor of neuropathology at Harvard Medical School and chief of the psychiatric service at Massachusetts General Hospital. He is now on the hospital's board of consultation.



John P. Hubbard, '31,  
awarding the Alumni Prize  
to Norman Brown, '56

# Class Day

photographs by david lawlor



H.M.S., '76 and friends



"... and it comes out *where?*"





Edward Yin Liang, '56, and his mother



Dr. George B. Wislocki, Samuel Nwanneka Adimora, '56, and Mrs. Adimora



H.M.S. Alumni and Editorial Office, distaff side  
... Cynthia Brav, Jane Mollman and Martha Dunn



Harry Zehner, '56,  
delivering the Class History



# Inside H. M. S.

## 1956 CLASS HISTORY ADDRESS

*Harry Zehner, Jr., '56*

Dean Berry, Members of the Faculty, Distinguished Guests, Fellow Physicians. Walter Phelps Hall, Dodge Professor of History, Emeritus, at Princeton University, would find it ironic in the extreme that I have been elected class historian, for even under his excellent teaching I found it impossible to distinguish between the Battle of Hastings and the Battle of Waterloo. Nevertheless, faced with presenting to you a formalized and integrated account of your activities over the past few years, I reacted as any young well-trained Harvard man would do—I consulted the literature.

Now the class histories of previous years may be found in the back issues of the *Harvard Medical Alumni Bulletin*, where quite fortunately I could read the efforts of my predecessors in this job. The problem, I quickly saw, was that the curriculum consists of four years and is seldom changed by the Faculty. If the orator is to be a success then he must rely on style rather than content,

since the history of each class is so much like the ones that have gone before it.

The most popular oratorical device is to compare the growth and development of the class to some other aspect of medicine, even at the cost of confusing grandfathers and maiden aunts present at the ceremony. Thus, in years past, our forerunners have been treated to descriptions of the graduating class as an embryo, with gradually developing nervous, digestive, and circulatory systems. The approach seemed to run dry at about the twelve somite stage however. Another predecessor of mine, more psychoanalytically oriented, took to describing the class history in terms of modern Freudian psychology, but found the class at the end of four years in a great Oedipal conflict, struggling with Faculty—the father figure—for possession of alma mater.

Clearly then, the solution is to select a group of four things well known in medicine and then prod, chisel,



push and compile the class history until it assumes the same shape. Then one is hailed as a most clever fellow.

What framework should I use upon which to hang the gaudy fragments of our four years together? I proposed, and then rejected, the manner pathological—using *Tomor*, *Rubor*, *Calor* and *Dolor* as my four catch words. I didn't want to make the fourth year end us as *Dolor*, though. Then I tried the manner radiological—but does our course in any way resemble air, fat, tissue and bone? I hope not. A rather colorful one would be the manner obstetrical, comparing the four years to flexion, descent, rotation and extension. But none of these really suited my purpose. So much for style.

Now no one could seriously deny that we are somehow a different group than the one which started out here less than four years ago. The changes in attitudes and abilities have been slow but quite permanent. I suppose what I should express as a class historian is the clinical course of that change. The mathematical result of subtracting what we are now from what we were then. To do this, I would like to show how we changed in attitude towards a particular thing over the past four years. That thing is man. To the first year man, Man is figures and diagrams in a textbook. The only good pictures of him come in two views—anterior and posterior—a singular “Greek-God-like” figure staring evenly at the horizon, his hands at his sides and his palms unnaturally facing us. What a magnificently simple man he is! Everything is symmetrical and perfect. His pulse is 70; his respirations are 20; and his blood pressure is 120 over 80. He weighs *exactly* 70 kilos. Things will never again be quite so simple, but we eagerly pursue this naive perfect giant. We dissect him and stain his tissues; we react his chemicals, and we test the workings of his parts. The normal man was a really remarkable fellow.

The second year came and everything happened to our perfect man at once. Disease raised its ugly head and we set about to identify and catalogue it. We saw our 70-kilo man in the pink and purple colors of cellular pathology. We saw his enemies in the red and blue of Gram's stain. We saw his tissues hypertrophy, become infected, undergo malignant change, become infarcted and necrotic. It was a pretty discouraging business, each disease had a course and an ultimate prognosis. Two thousand years of medical research and the death rate was still one per person!

We started our next year in a big blaze of white-coated buffoonery. And the most amazing things happened to our 70 kilo man—he didn't weigh 70 kilos anymore. He was short and tall, fat and thin, and the diseases

he had weren't always just like the books said. In our amazement we tapped him and listened to him, we pushed and pinched, tested and prodded, and above all, our instructor insisted we treat him as a whole. We left our ideal man in a pretty sorry fix by the end of the third year; he wasn't a Greek god with cutaneous nerves anymore. He was sick, and we didn't know exactly what to do with him. “That's O.K.” Dr. Altschule said, “you can always call a Doctor!”

In the fourth year we regained some of our optimism. We found that our man didn't always leave the hospital via Allen Street. Sometimes he got well because of what we did to him. Amazing! Some drugs really worked despite the gloomy predictions we had been exposed to. And we began to feel more at home with our man because we knew him better. The doctor somebody called might be us!

And so that's the history of a 70-kilo man as we saw him these last four years. It's not a class history—this quality of what we are now minus what we were—because our history as a class is just beginning. To write it now would be like writing a History of the United States in 1790—promising but a bit incomplete. Our class history in medical school is how it behaved in the most conventional, formalized, stereotyped years of its life. The real history is yet to be written. In Cushing's enormous *Life of Osler*, medical school takes up only one small chapter. In Jones' three-volume *Biography of Freud*, medical school is covered in just 13 pages. So just wait a bit please—25 years or so and then I'll really have a class history to talk about!



“... and the death rate was still one per person”

# Peter Pineo Chase, M.D.

## 1878-1956



Dr. Chase

It is not easy to attempt to do justice to the unique character and personality of Peter Chase. He was a man of broad human interests, of absolute integrity, and of perfect candor and honesty in expressing his opinions. Few people had a larger circle of good friends. He lived a clean, a vigorous life, which ended suddenly when he died of a coronary occlusion at the age of 77.

Peter Chase was born and brought up on Cape Cod. The keen humor and clear insight characteristic of the

country-bred New Englander, that sees the realities beneath all sham and show, were his in full measure. After graduation from high school and several years' employment in business he went to college and to the Medical School where he was graduated in 1910. An outdoor man and an athlete, as well as a student, he was admired and loved by his classmates. Following his internship at Rhode Island Hospital he entered the long years of the practice of surgery in Providence, interrupted only by his three years of military service during the First World War. This service was first with the Harvard Unit, in France, then with the British Army, and later with the Yale Mobile Surgical Unit of the American Expeditionary Force in France. When, after the years of private and hospital practice that intervened, he was called from retirement to take over a surgical service at the Rhode Island Hospital during the Second World War, he responded by carrying with ability and distinction the heaviest load of clinical work of his whole career.

In 1948 he spent two months in Munich, Germany, as instructor in surgery in the Medical Mission sent by the Unitarian Service Committee to give refresher courses to Displaced Physicians, at the request of the International Relief Organization.

Besides his service to the community as a surgeon, he served his profession as President of the Providence Medical Association and later of the Rhode Island Medical Society. He was also elected Editor-in-Chief of the *Rhode Island Medical Journal*, a position which he held from March, 1942, up to the time of his death.

A man of broad literary interests, he became in his later years one of the leading experts on the life and writings of Dr. Samuel Johnson, whose sayings he loved to quote. In Providence, he became, in his later years, one of the best-known and most quoted of its citizens, by reason of the fact that since December, 1946, the *Journal* and *Bulletin* have published his column entitled, "Your Health." This was always filled with good advice to his fellow citizens, expressed in straightforward language, seasoned with a salty humor that has endeared him to a host of readers.

A book, *Your Wonderful Body*, in which he has explained in simple language, and in his characteristic style, many of the facts of physiology and pathology, is soon to be published.

His life ended as he would have wished, suddenly and without prolonged illness, and also without there having been any evidence of the deterioration that so often accompanies advancing years.

ALEX M. BURGESS, '10



# *John Peabody Monks, M.D.*

## *1901-1956*

John Peabody Monks, H.M.S. '28, died at the Phillips House, Boston, March 3, 1956. He was born in Boston on June 24, 1901, the son of Dr. George Howard Monks and Olga Eliza (Gardner) Monks.

John was educated at St. Mark's School, Harvard College (A.B. 1924), and Harvard Medical School (M.D. 1928). He was House Officer on the West Medical Service at the Massachusetts General Hospital, 1929-1931. John remained on the Staff of the M.G.H. ever since that time as Assistant in Medicine and in 1938 as Assistant Physician. He was an Assistant in Medicine at Harvard Medical School in 1936 and Instructor in Medicine in 1941 and after 1947. From 1931 to 1941 he was in "the family practice of medicine," as he called it, having his office at 264 Beacon Street, Boston.

In 1936 he joined the staff of the Harvard University Hygiene Department under Dr. Arlie V. Bock, finding great interest in applying his medical training to the problems of young men in higher education.

John went on active duty with the Navy on December 20, 1941 as Lieutenant Commander and was at the Office of Naval Officer Procurement for nearly two years. After a short period at the U.S. Naval Hospital, Chelsea, Massachusetts, he was assigned to Corps Excavation Hospital #2, serving at Camp Lejeune, North Carolina, Camp Pendleton, Califor-



*Dr. Monks*

nia, Guam, and on Okinawa during its invasion. He returned to inactive duty November 16, 1945.

John Monks had the persistence, the perfectionism, the rugged insistence on high standards and the curiosity so characteristic of certain doctors raised in the New England culture and trained in its educational institutions. His influence was decisive in many important endeavors in the Massachusetts General Hospital, in the Harvard Medical School and Harvard University. His work was often done without title, and often was not understood by his friends. His influence was felt wherever the welfare of the patient (or in his later years, the student) was at stake. He

was interested in medical education, medical ethics, nursing, records systems, libraries, the application of basic social sciences to medicine, and the selection of men for careers. He carried out an exploration of records of medical students, endeavoring to find out early influences which might produce the best kinds of physicians. A thorough and kind physician himself, he nevertheless was not satisfied with practice, and after the war devoted the greater part of his time to the Hygiene Department and particularly to research in the Grant Study.

Dr. and Mrs. Monks entertained generously in their lovely modern home in Lincoln. They gave their time to visitors of all nationalities. Vacations were spent in wide travel or on Roque Island, Maine, with their three daughters, Mary, Olga and Ann. John was a churchman, an upholder of standards in local politics, an educator. He could not sing on key, and he was color-blind, but at home and at Roque Island he was surrounded by professional music and visual beauty which he appreciated fully. He loved the sea and was also an ardent woodsman. Color photography was an important avocation which he carried on with true artistry. His life was too short to complete the particular assignments he had set for himself, but surely that is the essence of a well-spent life.

ARLIE V. BOCK, '15

CLARK W. HEATH, '26

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## BOOK REVIEWS

SODEMAN, W. A., Editor: *Pathologic Physiology, Mechanisms of Disease* (Second Edition). W. B. Saunders Company, Philadelphia, Pennsylvania, 1956. 963 pages.

The title, *Pathologic Physiology, Mechanisms of Disease*, is an appealing one for the student or clinician. The increasing knowledge and emphasis upon the physiological basis of disease make such a book as this welcome. As noted in the preface to the first edition, the author's purpose is to bridge the gap between textbooks of medicine and physiology, thus supplanting neither but correlating and supplementing both. The contributors are well qualified to do this, and in general they accomplish their purpose rather well.

The book is divided into 12 broad sections: Pathologic Physiology; Genetics; Growth and Neoplasia; Metabolism and the Endocrine Glands; Infection and Allergy; Physical, Toxic and Chemical Agents; Circulatory System; Respiratory System; Digestive System; Urinary Tract; Blood and Spleen; Locomotor System; Nervous System.

The second edition represents a nearly complete revision of the individual sections, plus two additions. The section on genetics, growth and neoplasia is brief and limits itself to these points. The discussions of protein, fat and carbohydrate metabolism are incomplete, and the reader is referred elsewhere. The chapter on the endocrine glands describes in rapid sequence most of the diseases encountered and is a good resume. The section on the nervous system is limited and includes little neurophysiology. Aside from this objection, the reviewer feels that Sodeman's *Pathologic Physiology, Mechanisms of Disease* is a significant textbook. The most outstanding section is that dealing with disorders of the blood by W. B. Castle, which is a masterful summary of pertinent facts. Other sections which are particularly commendable are those pertaining to the circulatory, respiratory, digestive systems and the kidney.

The book is recommended for all who are interested and should be in all medical libraries.

JOHN B. REARDAN, '49





